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Bib Data Sheet

CONFIRMATION NO. 4002

<b>SERIAL NUMBER</b> 09/775,805	<b>FILING DATE</b> 02/05/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 1579-548
<b>APPLICANTS</b> Barton F. Haynes, Durham, NC; Hua-Xin Liao, Chapel Hill, NC;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/497,497 02/04/2000 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/27/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8
Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23117				
<b>TITLE</b> Human immunodeficiency virus <del>vaccine</del> <i>immunogenic composition</i>				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## APPLICANTS

Barton F. Haynes, Durham, NC;  
Hua-Xin Liao, Chapel Hill, NC;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/497,497 02/04/2000 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

23117

## TITLE

HUMAN IMMUNODEFICIENCY VIRUS IMMUNOGENIC COMPOSITION

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> NIXON & VANDERHYE P.C. 1100 North Glebe Road, 8th Floor Arlington, VA 22201				
<b>TITLE</b> Human immunodeficiency virus vaccine				
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	